# ALABAMA DEPARTMENT OF CORRECTIONS

# PROBLEM LIST

INMATE NAME Journain bry AIS# 15215	
Medication Allergies: MOTRIN	
Medical: Chronic (Long-Term) Problems Roman Numerals for Medical/Surgical	<u> </u>

Mental Health Code: SMI HARM HIST NONE Capital Letter for Psychiatric Behavior

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provide Initials
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		·	1	1

\*\*If Asthmatic label: Mild – Moderate – or Severe.

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# PROBLEM LIST

D.O.B. \_\_\_\_

Medication Allergies Molecul

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Date Identified	Chronic (Long-Term) Problems Roman Numerals for Medical/Surgical Capital Letters for Psychiatric/Behavioral	Date Resolved	Healt Pract
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	(NONE) = DK	- Dr	Nei In
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•	inmate's Name: Jony Founty, w
	Date of Birth: 8-24-62
. :	Date: 10-5-04 Social Security No.: 423-92-6962  Time: 12:20 P.M AM.
	This is to certify that i, I and Founty, h)
	custody at the Stand Cocke Chian Facility.
	accept the following treatments:  (Print Facility's Name)  (Print Facility's Name)  (A)  (A)
	The state of the s
	Specity in Detail
	I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks personnel, Prison Health Services, Inc. and all medical personnel.
• * *	involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional action/refusal and I personally assume all responsibility for my welfare.
	Tony Pouries of Inmatorial Manual Strategy
•	(Signature of Medical Program)  (Witness)
	(Witness)
	festivitienta)

<sup>\*\*</sup>A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



Initial Initia Initial Initial Initial Initial Initial Initial Initial Initial	•
Inmate's Name: Tours	IN TOUT
21- 11	72131
Date of Birth: 7/24/6	e Z
0/27/0	Social Security No.:
Date: 9/23/00	4
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	(Print Inmato's Name) , curre
custody at the	STATON
	(Print Facility's Name) , am refu
accept the following treatment/recomme	
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	Apacity in Detail
	Thow for Siek Call
Daron I Torong them. I hereby release	se and and understand the above treatment/el/recommendation/electrical
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personnel, Prison Health Services, Inc. an action/refusal and I personally assume a	se and agree to hold harmless the City/County/State, statutory authority, all corn ad all medical personnel from all responsibility and any ill effects which, may result f all responsibility for my welfare.
and I personally assume a	all responsibility for my welfare.
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and I personally assume a	all responsibility for my welfare.  Black (Signature of Modical Person)  Additional Communication of Communi
(Signature of Inmate)**	all responsibility for my welfare.  Solution  (Signature of Medical Person)  (Witness)
(Signature of inmate)**	all responsibility for my welfare.  Solution  (Signature of Medical Person)  (Witness)
(Signature of Inmate)**	all responsibility for my welfare.  See La (Signature of Medical Person)  (Witness)
(Signature of inmate)**	all responsibility for my welfare.  Solution  (Signature of Medical Person)  (Witness)
(Signature of Inmate)**	all responsibility for my welfare.  But the second of the
(Witness)  **A refusal by the inmate to sign require	all responsibility for my welfare.  See Low (Signature of Medical Person)  (Witness)



Programme A of London	An II MA	1.		
inmate's Name:	Julian	1 Jon	U	
Date of Birth:	124/62		J	
Date:	15/04	Social Sag	Gurity No.:	
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Custody at the	Stur	(Print Inmato's &	tarrie)	, curre
	1-212	(Print Facility's Name)		
accept the following	g treatment/recommendations:	NOS	Specify in Defaili	1 41.
- UN	uc	•	sabacity in Datally	
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EMERGENCY SHOW TREATMENT RECORD

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GHelons enos 25.5- B. Helons CROS 2.5.52 PATIENT'S NAME (LAST, FIRST, MIDDLE)  AGE DATE OF BIRTH R/S AIS#  39 8/24/62 B/m 152/57		□ d FAIR	
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Fountain, Tony 39 8/24/62 B/m 152/57		<i>7- (//</i> :	
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Case 2:06-cv-00548-MHT-FFM Document 36-3 Filed 11/06/2006 Page 7 of 51 DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER)	TREATMENT RECORD	
DATE TIME FACILITY SE	☐ EMERGENCY	
250/ 530 PM DSIR DPDL D	- Content	<u> </u>
ALLERGIES MOTUM	CONDITION ON ADMISSION  GOOD FAIR POOR SHOCK HEMORRHAGE	7004
VITAL SIGNS: TEMP 972 ORAL RESP. 20	PULSE 68 BIP 1/0170 RECHECK IF	
NATURE OF INJURY OR ILLNESS	<100 > 50	
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it was a Spider		
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acure auriss (o prisent	-	
A- alteration in comfort		
ORDERS, MEDICATION, etc.		
2) return to pel call is son		
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INSTRUCTIONS TO PATIENT MAN DOWN MARKET		<del></del> -
RELEASE/TRANSFER DATE TIME REJEASE/TRANSFERRI	RED TO CI/DOC CONDITION ON DISCHARGE	
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PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH R/S AIS#	

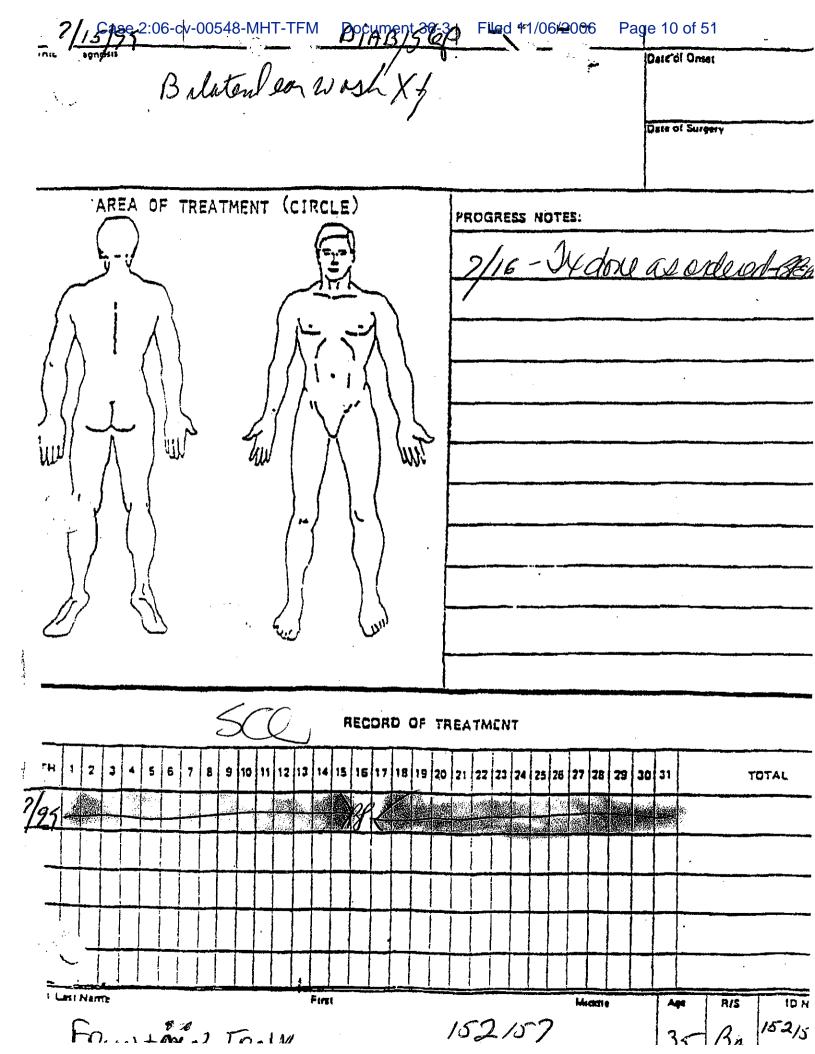
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# ARTMENT OF CORRECTIONS

# TREATMENT REQUEST AND RECORD

		2-MARCH 2001 UZ	Bow (paged) co
MONTH 1 2 3 4 1 5 1 6 1 7 1		TREATMENT	<u>-</u>
		20   21 (22)   24   25   25   27   9	
Fountain	Jones	U.a.	<u> </u>

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Name of Inmate	8/16/95 112A
rvanie of inmate	Date/Time
131-1 06.110	
102/3 / 8/29/63	Contraction of the second of t
Inmate ID Number / Date of Birth	The second secon
· /	
**	
I hereby refuse to accept the following treat	ment/recommendations:
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	- Control of the Cont
	The same of the sa
I acknowledge I have been fully informed of	and and and the state of the st
	PRINTER COMPANY OF TAXABLE PRINTERS OF TAXABLE
harmless Correctional Medical Systems, its ex	mployees and agents from all responsibility and ill
effect which may result from this action.	imployees and agents from all responsibility and ill
Total Hom this action.	
	9/11/1
Inmate Signature	1/6/17
	Date Line
1 & Knowbook of	and the state of t
Witness	
witness po	
The second commence of	
The aforementioned inmate has refused the list	ed medical treatment/recommendations and has
refused to sign this form.	w-
	×
Witness	
	fautur
Witness	•
	•
Date/Time	



# DEPARTMENT OF CORRECTIONS EMERGENCY/ (OTHER) TREATMENT RECORD

FACILITY //		☐ EMERGENCY
AM PM SIR POL DE	SCAPEE D	☐ OTHER
	CONDITION ON ADMISSION	
		□ SHOCK □ HEMORRHAGE □ COMA
VITAL SIGNS: TEMP 985 OBAL RESP. 24	PULSE	OLS RECHECK IF SYSTOLIC
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION# BI	<100 > 50  URN XX FRACTURE Z LACERATION/ SI ITURES
D"my lead achis I get the	ASTAGIOIWII CONTUGION# BI	OHN XX PRACTOREZ SUTURES
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100	AMBULANCE SA	TISFACTORY DOOR
NURSE'S SIGNATURE DATE PHYSICIAN SIGNATURE	<del>                                     </del>	GULTATION
Chilo Hady Kne Hilly	Y	
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH	
Tountain Time	1361 8120	158 K/n 152159

# Case 2:06-cv-00548-MHT-TFM Document 36-3 Filed 11/06/2006 Page 12 of 51 DI ARTMENT OF CORRECTIC 3

EMERGENCY/\_\_\_\_\_TREATMENT RECORD

DATE TIME FACILITY DC	CF	☐ EMERGENCY
4-25-98 /03 PM DSIR OPDL DE	SCAPEE []	□ OTHER
	CONDITION ON ADMISSION	
ALLERGIES Mother	□ GOOD □ FAIR □ POOR	□ SHOCK □ HEMORRHAGE □ COMA
VITAL SIGNS: TEMP 984 ORAL RESP. 20	PULSE	RECHECK IF SYSTOLIC
NATURE OF INJURY OR ILLNESS	100101011111 00111111111111111111111111	<100 > 50 xx Z LACERATION/
	ABRASIONIII CONTUSION# BI	URN XX FRACTURE Z LACERATION/ XX SUTURES
S- I got a hy of back problem  I my back went ont on me  In take naprosyn & its huch  my stomach + not stoping the  pain In work in the  Kitche & I mind can  PHYSICAL EXAMINATION  O- heart to the infirmany  Sland & shift toward titt  Clo classen from back pain  these course one of which he  complains course stable pain to  is hinffulie, ROM compromised  A holy of the informacy		SOTORES SOTORES
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DIAGNOSIS		
Admit to infilement 127/28		
RELEASE/TRANSFER DATE TIME / RELEASE/TRANSFERRE		TION ON DISCHARGE
4125 198 AM (		ISFACTORY   POOR
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE		JLTATION
PATIENT'S NAME OF STORY AND ASSESSMENT		
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH	RIS AIS#
tountain long	34 81241	63 /m 152157

# CORRECTIONAL MEDICAL SYSTEMS RELEASE OF INFORMATION

- Fountain To	ny
Name of Inmate	Date/Time
152157	Dute/Time
Inmete ID Name (D	
Inmate ID Number / Date of Birth	
I hereby refuse to accept the following	ng treatment/recommendations:
/	
recommendations and the risk(s) invo	med of and understand the above treatments or lived in refusing. I hereby release and agree to hold as, its employees and agents from all responsibility his action.
Inmate Signature	Date/Time
	Date/Time
Matthe Jackson Witness	
The aforementioned inmate has refused and has refused to sign this form.	the listed medical treatment/recommendations
Witness	
Witness	
Date/Time	

N610

# ALABAMA DEPARTMENT OF CORRECTIONS

# RECEIVING SCREENING FORM

រាជ	mate's Name: FOUNTAIN TONX Date: 3/3/98 Tim	a. 109
DC	DB: 2/22/63 Officer: B. Boom Institution: BCCF	
	Booking Officer's Visual Opinion	Yes
1.	——————————————————————————————————————	<u>168</u>
2.	Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?	-
3.	Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?	
4.	Any obvious fever, swotlen lymph nodes, jaundice, or other evidence of infection which might spread through the institution?	
5.	is the skin in poor condition or show signs of vermin or rashes?	
6.	$\cdot$	
7.	Are there any visible signs of alcohol or drug withdrawl? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.)	
8.	Is the inmate making any verbal threats to staff or other inmates?	· · · · · · · · · · · · · · · · · · ·
9.	·	<del>-</del>
10.	Does the inmate have any obvious physical handicaps?	
	If the answer is YES to any questions from 2-10 above, specify WHY in section	below.
11.	Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder?	
12.	Are you on any special diet prescribed by a physician? (if YES, what type?)	
13.	Do you have a history of venereal disease or abnormal discharge?	
14.	Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness?	_
15,	Have you ever attempted suicide?	
	(If YES. When? How?	
	Do you want to do any harm to yourself now?	- }

Case 2:06-cv-00548-MHT-TFM Document 36-3	Eiled 11/06/2006 - Page 16 of 51
Release of Information	Authorization
A Lineage of Information	55# 423-69-6292
vame of Inmate	152157/08-24-196
To chesa Has it	Inmate ID Number/Date of Birth
Facility Releasing Information Marky	21 Nov 2001 Date
I hereby give my consent to NAPHCARE, INC. and the above nar from my medical record to the facility/provider listed below:	ned facility to release the following information
from 1995 to Frescot	
Physician/Provider's summary of my diagnosis, medications,	treatments, prognosis and recent care.
Admission Reports Discharge Reports	Operative Summary Reports
X-Ray Reports Special Studies Reports	
Immunization History O Mental Health Reports	O Psychiatric Summary Report
O Drug Treatment History and Counseling	
Other Records	
S1/TON HEALTH CARE UNIT	
O BOX 56 ELMORE, AL 36025	Medien Repords 334-567-1521 Fox 334-567-1538
Facility Releasing Information / / /	
This information has been disclosed to you from records whose regulations prohibit you from making any first has disclosed to	confidentiality is protected by State law. State
regulations prohibit you from making any further disclosure of the of the person to whom it pertains.	is information without the prior written consent
	$\sim$
I understand this authorization shall remain in full force and effectoday's date unless withdrawn in writing by me.	t for the period of <u>MOdus</u> from
I sign this willingly, and I release NAPHCARE, INC. and the facilit release of information.	y from any liability which may result from such
	•
	21年11年11日
Inhate Signature	Date
2-21-45	
04163766-Dem	
· ileas	Witness
JAN 1 8 2002	「一個語歌し)

พกกรว

I understand this authorization shall remain in full force and effect for the period of today's date unless withdrawn in writing by me.

release of information.

Inmate Signature

W"tness

10031780-51

	uli Authorization
Tony Found.	on Authorization SS# 423-69-6292
Name of Inmate	<u>159157 / 08-24-191</u>
Tackson Honnie	Inmate ID Number/Date of Birth
Facility Releasing Information May to	21 Nov 2001
	Date
Fax# 293-8969	
I hereby give my consent to NAPHCARE, INC. and the above from my medical record to the facility/provider listed below:	e named facility to release the following information
from 1995 to Present	
Physician/Provider's summary of my diagnosis, medication	and transferente and
Admission Reports Discharge Reports	ons, treatments, prognosis and recent care.
	Operative Summary Reports
The profits of the points	Laboratory Reports
O Drug Treatment History and Counseling	<ul> <li>Psychiatric Summary Report</li> </ul>
Other Records	
Other Records	
S1/TON HEALTH CARE UNIT	
P. O BOX 56 FLMORE, AL 36025	Medical Reports 334-567-1521
Facility Releasing Information	For 334-567-1838
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This information has been disclosed to you to	se confidentiality is a second of the second
This information has been disclosed to you to	se confidentiality is protected by State law. State
	se confidentiality is protected by State law. State fithis information without the prior written consent
This information has been disclosed to you from records who regulations prohibit you from making any further disclosure of the person to whom it pertains.  I understand this authorization shall remain in full force and et today's date unless withdrawn in writing by me.	ffect for the period of
This information has been disclosed to you from records who regulations prohibit you from making any further disclosure of the person to whom it pertains.  I understand this authorization shall remain in full force and et today's date unless withdrawn in writing by me.	ffect for the period of
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This information has been disclosed to you from records who regulations prohibit you from making any further disclosure of the person to whom it pertains.  I understand this authorization shall remain in full force and entoday's date unless withdrawn in writing by me.  I sign this willingly, and I release NAPHCARE, INC. and the facelease of information.	ffect for the period of
This information has been disclosed to you from records who regulations prohibit you from making any further disclosure of the person to whom it pertains.  I understand this authorization shall remain in full force and et today's date unless withdrawn in writing by me.	ffect for the period of
This information has been disclosed to you from records who regulations prohibit you from making any further disclosure of the person to whom it pertains.  I understand this authorization shall remain in full force and entoday's date unless withdrawn in writing by me.  I sign this willingly, and I release NAPHCARE, INC. and the facelease of information.	ffect for the period of
This information has been disclosed to you from records who regulations prohibit you from making any further disclosure of the person to whom it pertains.  I understand this authorization shall remain in full force and entoday's date unless withdrawn in writing by me.  I sign this willingly, and I release NAPHCARE, INC. and the facelease of information.	ffect for the period of
This information has been disclosed to you from records who regulations prohibit you from making any further disclosure of the person to whom it pertains.  I understand this authorization shall remain in full force and entoday's date unless withdrawn in writing by me.  I sign this willingly, and I release NAPHCARE, INC. and the fairelease of information.	ffect for the period of

COMMENTS:

# REQUEST FOR MEDICAL RECORDS -- AREAS "A" AND "B" TO BE COMPLETED BY REQUESTING PARTY JACKSON HOSPITAL & CLINIC -- MONTGOMERY, ALABAMA

	JOB #	DATE:	PHONE	REQU
	1-17-02		TANK SE	REQUESTED BY:
BUX 常:	5.30	26-8969	(OYY)	REQUESTING DEPARTMENT:

: 			
LOCATION: (for DRM use)	FACESHEE	04163766	ACCOUNT
DRM use)	FACESHEET   DIS SUM   H&P   OP   PATH   CONSULTS   EKGs   ECHO   XRAY   ANESTHESIA   SPECIAL INSTRUCTIONS OF REQUIESTS	INFORMATION REDUIESTED CITY OF THE	MONTH & YEAR OF SERVICE
	JLTS   E	OUTPT.	SERV. TYPE
	_ ,	Cong Fountain	PATIENT NAME/DATE OF BIRTH
	ENTIRE RECORD	7	STAT REG
	CORD	1	EAX DEL FAX

# FACSIMILE COVER

FAXED BY:

DIVERSIFIED RECORDS MANAGEMENT

FAX: PHONE:

334-280-2117 334-280-0015

NUMBER OF PAGES (EXCLUDING COVER SHEET);

DIVERSIFIED RECORDS MANAGEMENT CORP. - 572 EAST PATTON AVENUE - MONTGOMERY, AL 36111 PHONE -- 334-280-0015 FAX - 334-280-2117

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**₩.** 777

Jackson410Spiral-00548-MHT-TFM 1725 Pine St Montgomery, AL 36106-1142	Document 36-3	Filed 11/06/2006	Page 20 of 51
Dear Requestor:			
RE: FOUNTAIN, TONY			•
Your request for medical record information process the request for information for the	n on FOUNTAIN, TON following reason(s):	IY has been received; ho	wever, we are not able to
() Please provide date of birth, soci names, or any other information	ial security number, ac	count number, medical r	record number, other
DOB: SS#: OTHER NAME(S):	DATE(S)	OF SERVICE:	
<ul> <li>() Patient does not have date of treat</li> <li>() We require valid authorization, signature of the guardianship appoint</li> <li>() We need a copy of the death cert of administration and an authorization of administration and an authorization of the complete address of the guardianship appoint</li> <li>() Please supply the complete address of the guardianship appoint</li> <li>() Please supply the complete address of the guardianship appoint</li> <li>() Please supply the complete address of the guardianship appoint</li> <li>() Patient has not been seen at this the guardianship appoint</li> <li>() Patient has not been seen at this the guardianship appoint</li> <li>() Results from visit(s) of</li></ul>	gned by the patient and signed by the parent or other papers. If it is a signed, showing next contains, signed by the new sess where you want us one releasing sensitive	f a minor or the legal guant of kin or affidavit designa oxt of kin. to send copies of your re	ardian, accompanied by ting next of kin, or letters ecords.
If further information is requested, please relipiese feel free to contact us at the address  Thank you.	turn this form as quick or phone number liste	ly as possible. If we may	
Smart Corporation - ROI			

334-293-8909

Case Jackso	e 2:06-cv-00548-MHT-TFM Document 36-3 Filed 11/06/2006 Page 21 of 51 in Hospital
1725 P	rine St.
Montgo	pmery, AL 36106-1142
•	
Dear R	equestor:
RE: FO	DUNTAIN, TONY
Your re	quest for medical record information on FOUNTAIN, TONY has been received; however, we are not able to
	s the request for information for the following reason(s):
p. 5550	and request for the following reason(s):
()	Please provide date of birth, social security number, account number, medical record number, other
•	names, or any other information you may have to enable us to locate this patient or treatment date.
3	this patient of treatment date.
DOB:	
OTHER	NAME(S): OTHER INFORMATION:
	OTTEN IN CHARACTON.
4	Patient does not have date of treatment requested.
()	We require valid authorization, signed by the patient and dated within 90 days of the request.
()	We require a valid authorization signed by the parent of a minor or the legal guardian, accompanied by
	copies of the guardianship appointment papers.
()	We need a copy of the death certificate, showing next of kin or affidavit designating next of kin, or letters
	of administration and an authorization, signed by the next of kin.
()	Please supply the complete address where you want us to send copies of your records.
()	A specific request is required before releasing sensitive material. Please contact the patient.
()	Patient has not been seen at this facility.
()	Results from visit(s) of are not on file.
	are not on the
If furthe	r information is requested, please return this form as quickly as possible. If we may be of further assistance,
	eel free to contact us at the address or phone number listed below.
Thank.y	ou.  Forporation - ROI  Forporation - ROI
Smart C	Forporation - ROI

Smart Corporation - RO Jackson Hospital 334-293-8909

# Case 2:06-cv-00548-MHT-TFM Do**CORRECTIONAL MEDICAL/SYSTEM**Page 22 of 51 MEDICAL PROGRESS NC S INFIRMARY ADMISSIO...

INMATE'S NAME FOUNTUM 1004	INMATES NO. 1500
DATE 4-27-98	
SOA	PLANS
S: BRIEF HISTORY:	P:
do pain several times Does.	VITALS: 1 daily
not want to werk apparently	DIET: Regular
	ACTIVITY: As tolerated
	MEDICATION ORDERS:
	Indogo 500 mg po TIDX 10 dage
C. DVVCVC	Robaxin Igm po TID X 10 days
O: PHYSICAL EXAMINATION	
Able to amb to HCU alone.	
Alert and oriented . Shin	
usoum and dry to touch. No	
Usions of draining wands	
present. Good Rom to nock	I.V. ORDERS: NA
and extremities	
	OTHER ORDERS:
A: ADMITTING DATE:	
A: ADMITTING DIAGNOSIS:	
Admit to influency	·
ADMITTED BY: W.V.Quahn	
· ····································	

Wandmer

print name

#### CORRECTIONAL MEDICAL SYSTEMS MEDICAL PROGRESS NOTES INFIRMARY DISCHARGE SUMMARY

DATE FOUNTAIN   TONY	INMATES NO. 1 50/57
	TIME
ADMITTED: 4-27-99	
DISCHARGED:	CONDITION ON DISCHARGE:
ADMITTING DIAGNOSIS:	
TOWATTING DIAGNOSIS:	
	LAB/TESTS PERFORMED:
DISCHARGE DIAGNOSIS:	
	MEDICATIONS ON DISCHARGE:
DRIFE HIGHORY	,
BRIEF HISTORY:	
INFIRMARY COURSE:	FOLLOW-UP TREATMENT/PLANS:

# DAILY PATIENT ASSESSMENT **DEPARTMENT OF CORRECTIONS**

	only those	Date	4	27	-9/	4	ya:	819	8										T	· ·	-			_
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#### NURSES' NOTES

	<del></del>	
DATE	TIME	REMARKS AND SIGNATURE
4-27-98	103/	Admit to infirmery pow DK. Siddigis
		Onder los lost ost
	1300	Shone
		O Lying in hel own closed
		uso ent fentatores
		A Book ann
-		I Odeserve o muitor - Volingin CM
467/98	2000 S	"My lawer bock furt.
		O- lying on dume social grainacing motel.
		Sum who color good
		A - alteration in Confort
/ to 00	0/00	P- Puc bed rest & po med - Posimumal
4-28-98	()600	5-1 feel letter
		D- alert et Orientated Resp. Rey and
		even ha acute distress thatel
	/	4- altered malildy
45000	000 H	0- cent. Chre land Whow - Repointer
1/08/98	O am	2- I'm alright, my back still hupts"
	(	) - dying on bunk possitioned on Pt side appeared t
		E sleeping, but apouse a easily for assessment and VS
		unt to Go severe disconfact to love back Some fago
		rimmace poled when attemptime to move in bed. NOab
		rmulihes NISIBLE @ this time. Is taken and Recorded=
	-	- Discombert to Lower Back -
NAME (loct 5:-	· Middle	- Cont- present Is and monther for Changes. Chaine
NAME (Last, Firs		AIS # DOB RACE/SEX
F-34	(	152157 8/24/63 BM

#### **NURSES' NOTES**

DATE	TIME	Continue REMARKS AND SIGNATURE
1-29-96	0600.	10- Has had an unen that tour. Observed
		to be alsees June Rounds. Accushed Am
		meal 5 incident, About of out dishers.
		A- alteration in confor alt lines but pur
	· :	P- To Remain house of in circumans for
		observation. To be evaluated by MO this AM.
-29-9	8 1100	Dr. Diddinistel No noted
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	Tory
Date of Birth: 8/24/62	Social Security No.: 42392 (
- COO - O M	Time:2/05
This is to certify that I,	
	(Print Inmate's Name) , CUTT
custody at the	Veiloz
	(Print Facility's Name) , am ref
accept the following treatment/recommendations:	Absent from Sick (Specify in Detail)
	(Specify in Detail)
personnel, Prison Health Services, Inc. and all modicals	and understand the above treatment(s)/recommendation(s) and to hold harmless the City/County/State, statutory authority, all corpersonnel from all responsibility and any ill effects which, may result lity for my welfare.
I acknowledge that I have been fully informed of involved in refusing them. I hereby release and agree to personnel, Prison Health Services, Inc. and all medical paction/refusal and I personally assume all responsibility	corrections the City/County/State, statutory authority, all cor

\*\*A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



Inmate's Name: Foundain Ton	<u> </u>		·
Date of Birth: 8/24/63	Social Security No	1-423-92-	6262
Date:	•		AM.
	Time;	2070	- PM
This is to certify that i,			
	(Print Inmeto's Name)	<u> </u>	
custody at the		•	
(Pri	nt Facility's Name)		_, am refusing to
accept the following treatment/recommendations:	No	Show de specify in the latti	on sich ca
		D.	
I acknowledge that I have been fully informed of and involved in refusing them. I hereby release and agree to he personnel, Prison Health Services, Inc. and all medical personally assume all responsibility for	I understand the above old harmless the City/Coonnel from all responsible or my welfare.	treatment(s)/recommendationty/State, statutory sutholity and any ill effects which,	on(s) and the risks rity, all correctional may result from this
Muhaf Moon 55	- Jun	Statute at Midical Person	
(Wilness)	— — <i>(</i>	(Witness)	

mature of at least one witness in addition to that of the medical staff member.

# PRISON HEALTH SERVICES

Physician's Chronic Care Clinic

Date: 08 10) Do Time: 920 4-0
Time: 930 4-6
Check all applicable CIC's being evaluated: Card/HTN DM GI_ID_PUL_SZ_TB  SUBJECTIVE: TWA. DATA M POM B PMZ DAMA DAMA
SUBJECTIVE: FORM BATH B AM B AM DUAD BOMB.
OBJECTIVE: BP 130 10 (APD CO) CONCER Died 5440 OMERCISE.
NOTE: Printing The Control of the Co
Complications: DM-eye ground be disease-specific and Peak Flow
Lack Cardiopulmon Academy Cardiopulmonant Card
The state of the s
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and a contract of the same of
1 Stal Chalaura Ara
AT UN ATTO Thouse War Depotenbow
1 and the second
May come of Har to an come?
Delly la loca Mario
ASSESSMENT. Legalidores 3) To Fix - Box 100 500
Visit. Degree of Control and Status for mation
Cf. C. Company of the
Status: I=Improved, S=Stable, W=Worsened  DM HTN/CARD SZ PIII  Degree of Control Deg
G F P G F D Degree of Control
PLAN: Status Status Status
Me come of Me contract
PLAN: Dipideme Dic nevaur of Mercer young Con  [au fot Darly Sperces
and a surface of the
Problem List Updated: You (1)
Photograph 20 con 1 con 15 con problem List Updated: Yes (No)
The Evel with colonos copy. Dr. corpier use against Eval process
Photogra Elready Schoduled to the Physician North Process.  Physician North Country Physician North Country Process.  Physician North Country Physician North
Physicial Milya
Fountain To Como Copy Bras
NAME ISSUED
GENDER - C
(Revised 2/28/05)  (Revised 2/28/05)  RACE  RACE  DOB  RACE  DOB
(Revised 2/28/05)

,	I, HISTORY – (LPN or RN)	HEALTH E	EVALUATION
· · ·	Weight CL	YES	-OAHON
i.	(Compare Weight Below) Persistent Cough	lbs ) NO	Cora
•	~ UNINPA / 1 = ~ VIUM/ 1	108.)	COMMENT(S)
· ·	Chest Do: 54		
y <sup>*</sup>	Dl00dinTI,	1	
`	Blood in Urine or Stool Difficult Urination Other Ulpan		Last weight at least 6 months ag
•	Other Illner		age
•	Smoke, Dip or Chew  ALLERGIES		
	ALLERGIES Chew		
	Weigh		
	Weight 181 Temp 95	4 -	
	Eye Exam: Hy Op 20 21	Se (3)	Mista
	ODDODODO	OU Resp 20 Blood Pre	motor
	II. TEGER	OU If greater at	SSUre 1/4 /
	II. TESTING – (LPN or RN)	Refer than >	SSURE / 140/60, repeat in Thour.
	Tuber	Refer to M.D. if r	emains > 140/2 Hour.
	Tuberculin Skin Test (q yr)	RESULTS	140/90,
	Pact D		$\Omega$
-	Past Positive TB Skin Test (Chest x-ray if clinical	Date given 13 W Si	Carry
••	RPD ( aray if clinical ar	Read on Did Si	te /4///
	(Chest x-ray if clinical symptoms)  EKG (basel)	Read on Market Result  Survey Completed  Date	SOUTH
e	Cholest 135 Over 17	Dale	* IIIm
	EKG (baseline at 35, over 45 q 3 yrs  Cholesterol (at 35 then q 5 yrs)	Date 12/20/04 Results  2/8/05 Borrosales	-
•	* Is Stood Sugar Jis)	-delos - results	NR
	* If > than 200 repeat Finger Stick BS within 4 Optometry Exam (@ 50 if not already (females @ 40, q 2 yrs/other M P	Results 1239 HM	<u> </u>
·	Mamma- Exam (@ 50 if -	8 hours D. Results Sa HOE	
	(female 6	seen) Results MA	43 Flow 166
Tre	(=3111ales (a) 40 a 2	N/P	
III.	PHYSICAL RESULTS – (RN, Mid-Le Heart Lungs	rder) Date Regul	
	RESULTS - (RM )	rder) Results -	
	Heart (MV, Mid-Le	vel, MD	
		7-4.0.)	
•	Breast Eva-	Da . A	
	Rectal (yearly after 45)	Regula	•
	with How	(Clay)	
j	with Hemoccult Pelvic and PAP (q 1 yr)	Results	
Facilia	$A^{r}(q \mid yr)$	Results All	
- acinty_	Series 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date	
MD	Nurse Signature	Results _	
To or N			
INMATE N	AME Lasity	as to the labate 12/	13/05
toon;	AIS#	D.O.B.	24/06
3512		D	The same of the sa
)513-AL (re	ev 9/05)	c/26/2	DEX
ζ-2	2/03)	C/26/63 424/0 \$	
:		- · · · · · · · · · · · · · · · · · · ·	(2017)



# **DEPARTMENT OF CORRECTIONS**

# NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Name Founts, N	Sister			
1015 Dzy 87-Rd.	Relationship	•	_	
Street Address		•	262-	5975
Montgomery	$\Omega$ 1		Phone	Number
City	State			104
100	F			ip Code
Inmate Signature	152157 423.	-92-	6962	12-13-05
	Doc#	S.S.#	<b>!</b>	Date
Witness	14190	. <u> </u>		
•			-	Date

INMATE NAME (LAST, FIRST, MIDDLE)				
,	DOC#	DOB	RACE/SEX	FAC.
Lountsin Town	182187	8-24-62	171m	cec
PHS-MD-70003	L-,	_ , 044	15/14	



# **DEPARTMENT OF CORRECTIONS**

### KITCHEN CLEARANCE PHYSICAL ASSESMENT

	ANY OPEN SORES OR R HANDS, ARMS, FACE & I TB TEST CURRENT DOES PT. SHOW ANY OF SIGNS OF ANY OTHER D	NECK BVIOUS	YES	NO L	·
OTHER:					
				<del></del>	
į.					
			<del></del>		
PROPER HANGEVALUATION SUPERVISOR	AS BEEN INFORMED OF DWASHING, NOT TO HAI WHEN NECESSARY AND OF ANY ILLNESS.	NDLE FOOD W TO NOTIFY T	HILE SICK HE DIETAI	(, SEEK MED RY SERVICE	)ICAL S SHIFT
				410(V)	
PATIENT SIGNATU	re statement is true to the be	est of my knowle	edge. E:/2-	-13 - 05	
EXPIRATION DATE	:				
INMATE NAME (LAST, FIRS	T Minores				
Fountain	_	152/S	DOB	Race/Sex	FAC.
7 00110 02160	TONY	13010	7 8-24	-67 B/M	SCC

Cattle of Department of the De Document 36-3 Filed 11/06/2006 Page 34 of 51

RSA Tower/201 Monroe Street

Montgomery, ALabama 36130-3017 Skin Test Report County Code Target Testing PROJECT **Last Name** CHR# **Patient Home Address Home Phone** SSN: Test Administered By: Site Test: Date of Birth: TB Staff O Health Department Race: ) PH Nurse Other 0 ETHNICITY: Hispanic or Latino: YES ( Other **⇔**√kol Reason Tested: Health Care Worker O Foreign Born Risk Categories: Medical Risk O Homeless Contact to Case/Suspect: O a Shelter ⊖ Jail/Prison O YES Student ON () O Not at Risk  $\bigcirc$  B Occupational PPD ONE: () c PPD TWO: Provider#: Provider#: Lot#: Date of Test Antigen Date of Test 7006 Antigen O AP TU () AP () TU Provider#: Provider#: Date Read Result Date Read Result O Not Read Race codes: W-White; B-Black; Al - American Indian; A-Asian; AN - Alaskan Native; H/PI-Hawaiian/Pacific Islander; O-Other mm O Not Read

ADPH-TB - 26/REV-12-2002

I.

# YEARLY HEALTH EVALUATION

I. HISTORY (I.D.)	THE EVALUATION
I. HISTORY – (LPN or RN)	YES NO
Weight Change (greater 15 lbs.) (Compare Weight D. 1	COMMENT(S)
(Compare Weight Below)  Persistent Court	
Chest Pain	Last weight at least 6 months ago
Blood in Urine or Stool	
· · · · · · · · · · · · · · · · · · ·	X SignedWaver for
Other Illnesses (Details) Smoke, Dip or Chew	_ X
ALLERGIES	X
	71
Weight 161 Temp 978 Pulse 5	Momy
ODADA NO	Blood Pro Wala
II. TESTING	U If greater than > 140/90, repeat in Thour.
II. TESTING – (LPN or RN)	140/90.
Tuberculin Skin Test (q yr)	RESULTS
D	Date given State CA
Past Positive TB Skin Test  (Chest x-ray is 1)	
	mm mm
RPR (q 3 yrs)	Date
EKG (baseline at 35, over 45 q 3 yrs) Cholesterol (at 35 then a 5	Date 12/23/04 Results
Cholesterol (at 35, over 45 q 3 yrs) Tetanus/Dintheria	-F-1461 111 - [1 5] 11
(if donoted (q 10 yrs)	Last Given In 239
Optometry Exam (@ 50 if not already see	Last Given D 29-99 Due 2009
Mammogram (@ 50 if not already see	Site given Dose Lot #
(females @ 40, g 2 vro/oth	Date MA Results
(females @ 40, q 2 yrs/other M.D. orde	r) Results
III. PHYSICAL RESULTS - (RN, Mid-Level	
Heart Heart	I, M.D.)
Lungs	61-50-000
Breast Exam	- PROPINIO
Rectal (yearly after 45)	DDS CNS
With Lie	ResultsNIA
Pelvic and PAP (q 1 yr)	Results NIA
Facility Artm	Data Allandia
Nurse Signature NW	Results
M.D. or Mid I and as	Date 12/22/24
M.D. or Mid-Level Signature	Date do 30
INMATE NAME	Date 12/20/04
AIS#	D.O.B.
LIOUDIGIN. IDNI	RACE/SEX
60513-AL 1011 152157	8-0-12
	D-20-103 RM
	7/1



# DEPARTMENT OF CORRECTIONS NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Almy Founty	mess, I request the following person be notified:
Name Founty, N	
Street Address Day St. Rd.	Relationship
Montgomery City  Inmate Signature  Witness	(334)263-0399   Phone Number   S6/08   Zip Code

INMATE NAME (LAST, FIRST,	MIDDLE)			
Ltaintain Tor	M	DOC# DOE	RACE/SEX	FAC.
PHS-MD-70003	(White - Medical Record, Yellow - Activ	115215718-26	-63 BM	204-0
	ACIIV	e File, Pink - Control Center)	4/1	SUDI



### DEPARTMENT OF CORRECTIONS

### KITCHEN CLEARANCE PHYSICAL ASSESMENT

		•
	ANY OPEN SORES OR RASHES ON HANDS, ARMS, FACE & NECK	YES NO
	TB TEST CURRENT	
	DOES PT. SHOW ANY OBVIOUS SIGNS OF ANY OTHER DISEASE	
OTHER:		
·.		
EVALUATION SUPERVISOR MEDICAL AUTHOR		HILE SICK, SEEK MEDICAL HE DIETARY SERVICES SHIFT
PATIENT SIGNATU	e statement is true to the best of my knowledge	De .
EXPIRATION DATE:		12-22-04
INMATE NAME (LAST, FIRST		
fountain T	DOC#	DQB Race/Sex FAC.
IS-MD-70042 (White - Med	lical File, Yellow - Kitchen Supervisor Di	
• •	lical File, Yellow - Kitchen Supervisor, Pink - Classificat	ion Administrator (Inmate))

Skin Test Report

County Code Q	Target Festing	PROJECT	1017	CHR#_\S	2157
Last Name					,
FOUNTA	IN		X	MI	
TONY Patient Home Address			physical and the second	:	
STATON	PO BOX	56			i E
EL NORE State Zip Code	The second record was a second was	Home	Phone	de establica de la constanta d	generalismong Surv. A Ass. Ass. as
AL 360	25 des	3 3	14.56		548
ssn: 423 -	72-6265	) (	Test Administere	d By:	Site Test:
to a superson position of	A STATE OF THE PROPERTY OF THE	يَّةً ŞEX:	TB Staff		Health Department
Date of Birth: D B -	26-1965	MOF	PH Nurse		Other
The Contract of the Contract o	<sup>IPI O</sup> ETHNICITY: → Hispanic or Latino: (	YES W	Other		
Reason Tested:  Health Medica Shelte Studer	Care Worker	Foreign Born Homeless Jail/Prison Not at Risk	Contact/to Case/	<b>≸uspect:</b> Ĵ>NO	Risk Categories:  A  B  C
PPD ONE:		PPD	TWO:	<u></u>	
Provider#:	Lott DO QB		gas in gradultiga sum gra	Lot#:	
pate of Test	Antigen G∏ OAP <b>€</b>	TU Date	of Test ,	1126	Antigen  OAP OTU
Provider#:		Provid	ler#:	Contraction of the contraction o	
Date Read	Result  DICHE mm ON	ot Read Date	Read	A Company of the Comp	Result Not Read
Race codes: W-White; B-Black; Al-	- American Indian; A-Asian; AN - Ala	skan Native; H/PI-Há	valian/Pacific Islander: O	-Other	ADPH-TB - 26/REV-12-2002
	Ŷ,	Willy	7.5.		Jan Jan

Document 26/34/- Filed 11/06/2006 Case 2:06-cv-00548-N Page 39 of 51 Date Read Site Given: KA Size in M.M Hwse Note: Past Positives and conversions, use Assessment of Tuberculin status for PPD reactors form in addition to completing the bottom of this form. I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read. Current Weight Previous Weight 165 "Recent chest pain" ... Kitchen clearance assess. done and attached circle Yes or (No Yes)or Productive cough Yes or A Any bleeding Yes or (14 Emergency contact Phone# Inmate signature Witness signature Date Race B SEX M

# NAPHCARE Annual Health and TB Screening for Inmates

•	Facility /	I I Inmates
Date Given: 10/25/07		vala
Site Given: OFA		Date Read 10/27/04
Lot# \$75626,		Size in M.M.
Nurse Breklyn		
•	·	Nurse Market
reactors form in addition to co	versions, use Asse	essment of Tuberculin status for PPD
I have received a fact 1	inpleting the botto	m of this form.

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Current Weight 65 Previous Weight 170 B/P 120/84
Recent chest pain  Kitchen clearance assess. done and attached  Productive cough Any bleeding  Emergency contact  Address 305 Sooku 57
Inmate signature I 36/04
Witness signature  DOB 8/26/63 AGE 39  Race B SEX M SSN 423 92 ( No. 1)
Inmate Name Jountain, Jensy AIS# 152157

### Case 2:06-cv-00548-MHT-TFM Document 36-3 File Filed 11/06/2006 Page 41 of 51

## Annual Health and TB Screening for Inmates

•	Form 101 Inmates
D	Facility States
Date Given: 10/6/0/	
Site C:	Date Read 10/8/01
Site Given: OFA	Date Read 10/8/0/
Lot# Karra	Size in M.M.
Lot# 4525 6260	o m w.m.
Nursa	
Nurse Bruck Gor	
•	Nurse /// pd/
Note: Past Paris	THE COURTER AN
reactors form in the reactors for the reacto	versions use A
in addition to co	versions, use Assessment of Tuberculin status for PPD
I have received a control	TB and have had the opportunity to have my questions or had a positive react.
answered r act sheet on	TR and 1
being administered The	y PPD. I understand the opportunity to have my and the
been treated with TP	y PPD. I understand the PPD must be read 72 hours after ave also been instructed to check with my regular.
physician or the public beauty	ave also been instructed a TB skin test, nor have t
Paode neath de	r had a positive reaction to a TB skin test, nor have I ever expartment if I am released prior to the TB test.
	ave also been instructed to check with my regular partment if I am released prior to the TB test being read.
Character 1400	DEST STATES
Current Weight 170	
Γ.	revious Weight 179 B/P 1646.1
	B/F_1494
Kitchen at Recen	t chest pain Yes or (II)
uone	and need to UTA NO.
- LOGUC	uve concl.
( / ) Auty ble	edina 1 400 UF VNO C
Emergency contact of the	Yes or No
	1334 (334)
Address 305 Busher	Phone# 262-5975
D. i worker	37/3
- Montgomeny al	
domest of the state of the stat	36104
Inmate signature	
Witness	Date 10- (201)
Witness signature	- V V
DOB 8/2//63	Lew Low Date
DOB 8/26/63AGE 30 Ra	Date 08-6-01
Inmate Name	SEX M SGN (/ 3 2 0
Inmate Name Leuntain	Jeny SEX M SSN 423 926262
	AIS# 152157
	700757
√C-069	

		7	Dire			
	I.	_	PERIODIC	HEAT	TH ASSESS	
	1,	HISTORY O			TH ASSESS	Michie
		HISTORY - (I	,			
	Ţ	Weight Change Compare Weig		`	YES NO	Cos
	((	Company Change	(>15 lb)		-10	COMMENTS
	. p	Compare Weig	ht Below)		_	
	C	ersistent Cough	1 — 10W)	_	_ <u>`</u>	Last Weight at least 6 mo.'s.
					_	ago: eight at least 6 mo 's
	BI	00d In 11.	G.		- ~	80. 5.
	$D_{ii}$	fficult Urination	r Stool			
	Otl	ner Illnesses (Doke, Dip or Ci	n	-		
	$S_{\mathbf{m}}$	oke D:	etails)			
	ALI	oke, Dip or Che ERGIES	e <sub>W</sub>	· V		
		EKGIES				DJOspeni
•	<b>\17</b> _•	. 10.			<b>-</b>	apene
	weit	sht 179 Ton	- 012		-	m a V
	Eye I	Exam:	up. 96 P	ulse_ 7	17	marin
					Resp.	20
	Tr		With Glasses	ses	OD20/2	B.P. 120/C
	II. TEST	NO as	2142268	:	OD AS	OS 20/25 OVI
		NG - (Nurse)			-	OS 00 20/25
	Tubana	L. 10			PEGT-	OU 750
	(cho-	ulin Skin Test	(a)		RESULTS	
	Z Jeans)	-ray if clinical	(4 yr.)	Date C		
	RPR (q	unn Skin Test ( -ray if clinical 3 yrs.)	symptoms)	Read o	iven 10/8/01	Site /
	Orme Di	in (voc. I )	•	Read O	9-10/10/10	one A
•	(Glu., )	Pro., RBC., Wi		Date ///	3/48/P	Results
	EKG (ba	seli-	BC.) Ter 45 q 3 yrs.)	Results	10/8/10	esults of mm
	Choleston	1 ot 35, 0V	er 45 a 2		77900	WIT -
•	Tetanuar	oi (at 35 then o Diphtheria (q 10 Todav:	15 vra \	10/27/	198 10	
•		Jinhel .	1 - 313.) 1 xm= 1 - 4	10/29/1	20	mal
	If Done	Today:	$L_{i}$	ast Give	1 201	
	rrainmogr.	am - (Annuali	Site Given	01/6	10/29/	99 Due
Ш	Drws	1 Oday: am — ( <sub>Annually - F</sub>	emales > 49) De	eta D	Dose	99 Due 2009
	PHYSICAL		, 3,	ate Done	P/A-	Lot #
•		-	•			Results
	Heart			RES	SULTS	
	Lungs		· *	200		
	Breast (a.2			KK -		
	Breast (q 2 y	rs. p 30)	D	lein		<u> </u>
	Rectal (yearly Pelvic and PA	(p 45)	Date D	/+ Ros	-1.	
	To aud PA	P(glvr)	Results	À Nes	ults	
Inmate	Name Joy	14 - 34.9	Date JA	· P	Hemocu	lt
DOB	D'ame Du	enta:	1 -411	Result	ts	
Fman	126/63 A	co 3 Th	Jary			
- Titelde	chcy Addressee	Rac	e R		_AIS# /	150
Address Facility	305 7	Pollie ;	// JOCK -	M	SSN 4	22/57
- 4011110		Ken II	Latte.	^	' / ()	92626
Physician	n Signature	Nurse Signa	MONT	. 117	Phone #	33401
	- Snature	orgus	iture	X XX		T de 25979
		A	Lautia	uce	Spen J	D 1941
//1 /0		- 14 40				Date 10/4/00
1/1/98			U	_		Date 10/10
						TO 112 00.

Date Given: 10/8/10	INITIAL SKIN TEST
Site Given:	Date Read: 10/10/io
Lot #: CO/48 MA	Size:
Nurse: Awnofik	mm 1
	Nurse: Mwardfile
I have received a fact sheet on TP and	

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to TB testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Inmate Signature Witness Signature

INMATE NAME: ID# RACE: LOCATION: Bon 5

•			PEDIO			ES
	I. Litte	_	- EKTODIC	HEALTH A	1 2000-	·
	·· HIS	STORY - (1	Viirgo		100E22]	MENT
			· dr 2C)	YES		•
	Wei	ght Change	(A)1 = =	TES	NO	COMMENTS
	(Cor	npare Weig	(>15 lb.)			
	Persi	stent Cough	nt Below)		-1	Last W :
	Ches	t Paih	1			Last Weight at least 6 mo.'s.
	Blood	· · aug				460.
	Diffic	In Urine o	r Stool			
	O LLICI	IIIDAcco a			->	
	ATTE	o, Dip or Ch	lew			
	ALLE	RGIES	- • •		· ·	DIDAR
	37.r.		1		<u> </u>	- Face
	Weight	[70] To	mp. 968		<u> </u>	
	Eye Exa	un:		ulse_78	_	
			" AUMONIE ( 21 %)		Resp.	20 BP 120/
	77		WILL Glasse	, 010	1990	05 23/22 - 180
	II. TESTIN	G - (Nurse)		, OD		00 700 00 2072
						- 00 -
	Tuberculi	n Skin Test	•	RE	SULTS	
	(chest y	" SKIN Test	(q yr.) l symptoms)			
	RPR (q 3	y if clinica	l symptoma)	Date Given	10/20	199.
	Urine D:	yrs.)	· Proms)	Accau On	11/18	
•	Urine Dip	(yearly)		Date 1/2 3	3/1/2	Results 0
	CAD PE	- n-	BC )		10/2010	esults VR mm
	Chal Dase	line at 35, o	/BC.) ver 45 q 3 yrs.)	1+prox	Jerig.	9 HAL
	Cholesterol Tetanus/Dir	(at 35 then	75 q 3 yrs.)	10/27/0	و م	2+ flucise
	retanus/Dir	hth	9 yrs.)	177	210 ho	mal
	If Done T	odav:	U yrs.)	ast Given	1999	
•	Mammogran	II — (An	Site Given	Dough	5/89	Due AGE
Ш.	Mammogran	(Adminally -	Females > 49)	ate D	Dose O.	Due 698377 10/29/99 See Lot # 6983770 Results
щ.	PHYSICAL			are Done	V/A	Results
						- Tesuits
	Heart		•	RESUI	TS	
	Lungs			111		
	Breast (a 2 vm	- 35:		KKIC	_	•
	Rectal (yearly)	· p 30)	Date N	Mear	$\overline{\mathcal{I}}$	
•	Pelvic and D	9 45)	Regul	A Results		
	Pelvic and PAF	'(q 1 y <sub>r.)</sub>	Results	1/1	Hom	
Immate	Name Lau		Date NA	Results	Hemocu	ılt
DOB	9/27	ta:	).			
Emerge	8/24/63 Age	36 7	Long		•	
Addras	ency Addressee	Witt Ka	Sex	M	AIS# /	52157
		of ce	Q. Goa.		1 4/4/2	- Ch
Tacillity	KA THE	New S	t Wat	F	hone #	2000
rnysicia	n Signature	Nurse Sign	nature /	JAK	, "Q	x64.3475
			1 SUT	will In	)	
				-		Date 10/30/99
71/98	•		Musely			_ Date
U		<u>_</u>				

Case 2:06-cv	r <sup>00548</sup> MSTORY . (1	Occument 36-3 Nurse)	Filed 11/06/2006 YES NO	Page 45 of 51 COMMENTS
	Weight Change (Compare Weig Persistent Cough Chest Pain Blood In Urine of Difficult Urineric Other Illnesses (I Smoke, Dip or Challer GIES Weight 1620 Te Eye Exam:	ht Below)  or Stool  On  Details)  new	e Q Resp. s OD OD	Last Weight at least 6 mo.'s.  ago: 164 # 40 ago  States He Has He of Ashma  Motorial  18 B.P. 12687  OS 2420 OU 2020  OS — OU
II.	TESTING - (Nurse	)	RESULTS	<u> </u>
·· ;	*Tuberc din Skin Tes (chest x ay if ciinic *RPR (q 3 yrs.) *Urine Dip (yearly) (Glu., Pro., RBC., *EKG (baseline at 35, Cholesterol (at 35 the Tetanus/Diphtheria (q If Done Today: Mammogram – (Annuali	WBC.) over 45 q 3 yrs.) n q 5 yrs.) 10 yrs.) Site Given	Read Cit 7 17	
Ш.	PHYSICAL		RESULTS	•
i I R	Heart Lungs Breast (q 2 yrs. p 30) Rectal (yearly p 45) Pelvic and PAP (q 1 yr.)	Date <u>ル</u> Results Date <u>ル</u>	Regular    A Results    N   A   Hemo   Results	Blat. NA
Inmate N	ame Tout ain  33/63Age 35  y Addressee 50  BCG Nurse	Race Blo Sex	AIS #	y AlA.

## CORRECTIONAL MEDICAL SERVICES

INMATE FOOD SERVE	L MEDICAL SERVICES
	CE WORKER CLEARANCE
ECORD REVIEW:	

	ORKER CLEARANCE
MEDICAL RECORD REVIEW:	
Past history of hepatitis:  TB test current:  TB test negative:  If history of positive TB test, verified completed  PHYSICAL ASSESSMENT:	Yes Vo No Yes I No treatment:  (Date)
Open sores or rashes on hands, arms, face and neck Has diarrhea: Has a cough: Lungs clear to auscultation: Signs and symptoms of other contagious diseases: Specify:	Yes W No
his inmate's Medical Record has been reviewed and he/she is  He/she IS medically cleared for duty as a food service  He/she IS NOT medically cleared for duty as a food  Signature	nas been examined: se worker. service worker
Signature  Signature  Lony D#/DOB:  Lony Sals7 / 8/24/63	3/20/98 Date

e

I.

## PERIODIC HEALTH ASSESSMENT

I. HISTORY OF	— THASSESSMENT
I. HISTORY - (Nurse)	VEG NO
Woint	YES NO COMMENTS
Weight Change (>15 lb.)	
Onlingth Watch D i	Last Woint
ordicili ( Origh	Last Weight at least 6 mo.'s.
Cnest Pain	ago:
Blood In Urine or Stool	
Difficult Urination	
Other Illness (7)	
Other Illnesses (Details)	
TANGE DID OF CL	— <u> </u>
ALLERGIES	
w // ./ Q/-	Mato
Weight Y Temp.	1 Pin
	Pulse W Resp. P. P. 1281
" AATTUONL	
with Gla	sses OD COTIS US QUES OU Day
II. TESTING - (Nurse)	OBOSOUOU
(Nurse)	
Tuberculin Skin Test (q yr.)	RESULTS
(chest (q yr.)	Dec co and
	Date Given 1/28 Site Oan
RPR (q 3 yrs.)	THE STATE OF THE S
* Urine Dip (yearly)	Walle Rogerly
Utili Pro Dro	Keculto
	11/28/1
Cholesterol (at 35 then q 5 yrs.)	YTS.)_ N/ A
retanus/Diphtheria ( 10 913.)	11/11/93
If Done Today: Site Give	2ct Civil
one OIV	
III. PHYSICAL	Dose Lot #
orcat.	
Heart	RESULTS
	Out I
Lungs .	
Breast (q 2 yrs. p 30)  Rectal (m. resp. p 30)	- Class
- (Vearly n 45)	Results
With Hemocult	5
Pelvic and PAP (a.1) Results	
	Results
Inmate Name Youngain To	
DOB 8-33/102	
Emergency Addressee Della Man	Sex m SSN (23
Address 305 Bank Slav	703-63
Facility C	(Mom) Phone #334 2/2-5900
Physician Signature Nurse Signature	36104 7 ded - 5975
Physician Signature Nurse Signature	Jehn
<del>\ \\</del>	Date 11/58/99
/ Moros	Date
. 11	1

AATES

## TUBERCULIN PPD FOR.

***	INITIAL SKIN TEST
Date Given 11/2897 Site Given (2) arm	Date Rend: 1(-30-9)
Lot #: 2442-11	Size:
Nurse_Bhan	Nuise Poustupi

I have received a fact sheet on TB and have had the opportunity to have my questions answers I agreed to TB testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treats with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Inpate Signature

| 1/28/97 |
| Date | 1/28/97 |
| Date | Date |

INMATE NAME: 10#: RACE LOCATION: Tountain, Tony 152157 B/M Easterling

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\*\*\*\* MMPI-2 ADULT INTERPRETIVE SYSTEM \*\*\*\*

developed by

Roger L. Greene, Ph.D.
Robert C. Brown, Jr., Ph.D.
and PAR Staff

-- CLIENT INFORMATION --

Client

Fountain, Tony

.

: 37

Sex

Mate

Marital Status

Age

Education File Name

152157

Date of Birth : 02/22/1963

Prepared for: Kilby Correctional Facility on 09/26/2000

The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material reaching professional decisions about this individual. This report is confidential and intended for use by qualified being evaluated.

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MMPI-2\*

Basic Service Profile Report

ID Number 152157

Male

Age 37

9/15/2000

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